

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 452

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the Ameircan Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. R Scott Oliver MD**

Mailing Address Plymouth Bay Orthopedic Associates  
 95 Tremont Ste One

City Duxbury State MA Zip Code 02332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 04 / 2013

Transaction ID : 4784722

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Frank A Petrone MD**

Mailing Address 8035 Georgetown Pike

City Mc Lean State VA Zip Code 22102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Commonwealth Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 04 / 2013

Transaction ID : 4784723

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Daniel J Berry MD**

Mailing Address 8953 11th Ave NE

City Rochester State MN Zip Code 55906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Mayo Clinic

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 04 / 2013

Transaction ID : 4784724

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00